

ENTERED

BAYFIELD COUNTY SANITARY PERMIT APPLICATION

I- APPLICATION INFORMATION
(Please Print-All Information)

Property Owner's Name: Slack Properties LLC AUG 13 2008
 Address of Property: 65505 HART LAKE RD Bayfield Co. Zoning Dept
 Property Owner's Mailing Address: 1218 Butternut Ave
 City, State: Duluth MN Zip Code: 55811 Phone Number: 218-722-4243
 Soil Test No.: 08-0441 County: Bayfield County Permit No.: 08-0441
 Property Location: 1/4 S 27 T 49 N, R 8 E (est W)
 Township: I.R. Gov. Lot #: 3
 Lot #: 3 Subdivision Name or CSM #: 30000
 Parcel ID: 0402424708 Tax Number(s): 27103000

II- TYPE OF BUILDING (Check One)

State Owned
 Public (Explain the use/purpose: 2-3)
 1 or 2 Family Dwelling - No. of Bedrooms: 2-3

III- TYPE OF PERMIT (Check only one box on line A. Check box on line B, if applicable)

A) New Replacement County Private Intercepto:
 Reconnection Repair Revision Transfer of Owner (List Previous Owner below)
 B) A Sanitary Permit was previously issued. Previous Permit Number: 21327 Date Issued: 5/21/1968

IV- TYPE OF NON-PEEMING SYSTEM (Check One) Replacements need previous permit number and date filled out above

Pit Privy (Vault size: gallons or cubic yards)
 Vault Privy (Vault size: gallons or cubic yards)
 Portable Privy (Temporary Use Only) Composting Toilets Incinerating Toilet

V- ABSORPTION SYSTEM INFORMATION

1. Gallons Per Day <u>450</u>	2. Absorp. Area Required (Sq. Ft.)	3. Absorp. Area Proposed (Sq. Ft.)	4. Loading Rate (Gals. / Day / Sq. Ft.)	5. Perc. Rate (Min. Inch)	6. System Elev.(Feet)	7. Final Grade Elev. (Feet)
Capacity In Gallons		Total Gallons	Manufacturer's Name	Prefab. Concrete	Site Constructed	Fiber-glass
New Tanks	Existing Tanks	# of Tanks				Steel
	<u>1000</u>	<u>1</u>		<input checked="" type="checkbox"/>		Plastic
Septic Tank or Holding Tank						Exper. App.
Lift Pump Tank / Siphon Chamber						

VII- RESPONSIBILITY STATEMENT

I the undersigned, assume responsibility for installation of the onsite sewage system shown on the attached plans.

Plumber's / Owner's Name: (Print) David Blakeman Home phone: Business 55
64409 Charles Johnson Rd Ashland Home phone: 715-682-6050
 Business phone:

VIII- COUNTY/DEPARTMENT USE ONLY

Approved Disapproved
 Owner Given Initial Adverse Determination

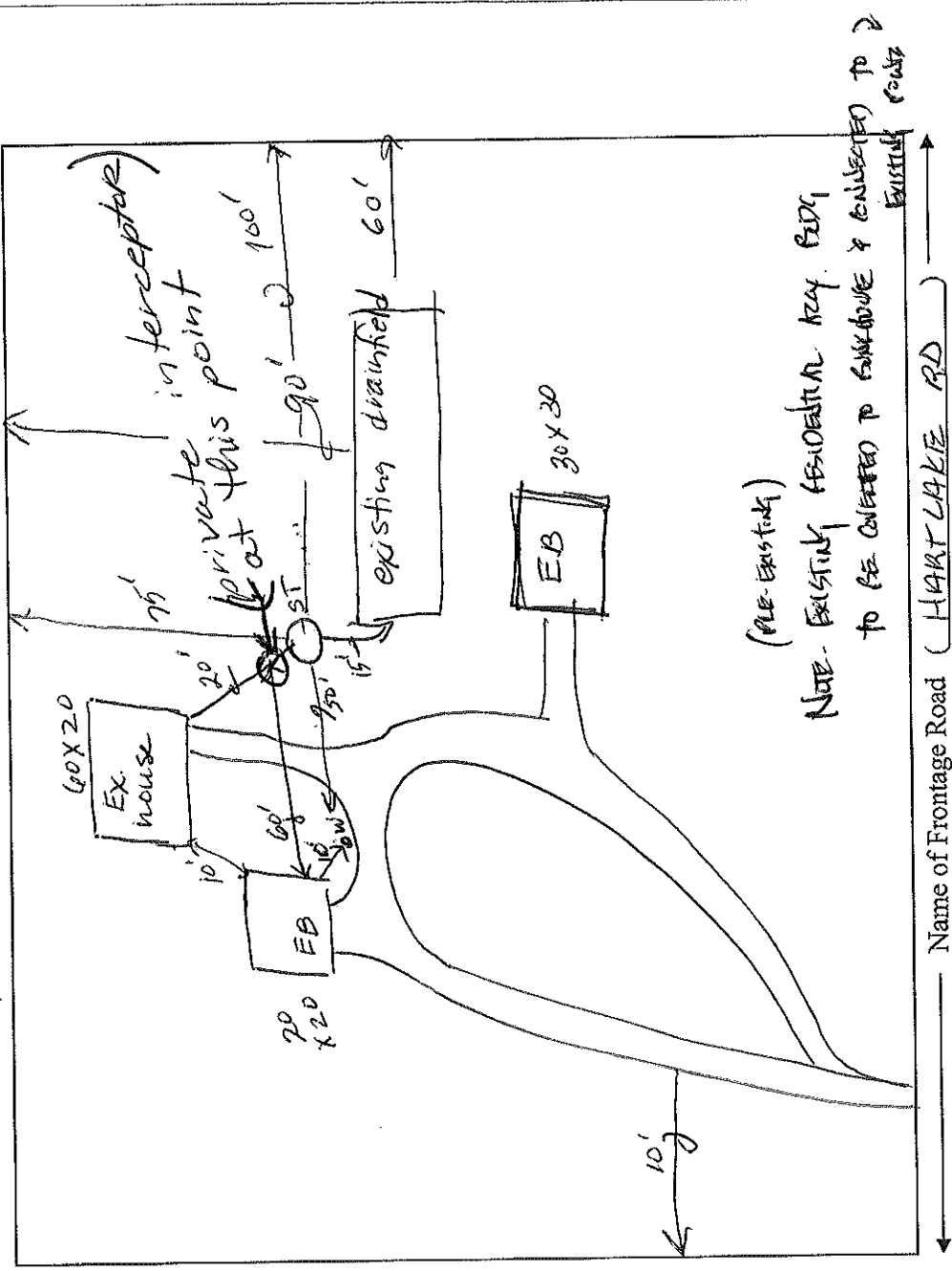
Sanitary Permit/Transfer Fee: \$50.00 PDS Date Issued: 08-0441 Issuing Agent's Signature / Date: [Signature] 8-18-08

IX- CONDITIONS OF APPROVAL / REASON FOR DISAPPROVAL

*Collection to bulkhouse must be serviced by a master plumber

Rec'd for Issuance
 AUG 21 2008
 Plat of Release side
 Secretarial Staff

HART LAKE Lot Line



1. Name the frontage road and use as a guideline, fill in the lot dimensions and indicate North (N).
2. Show the approximate location and size of the building.
3. Show the location of the well, septic tank and drain field.
4. Show the location of any lake, river, stream or pond if applicable.
5. Show the approximate location of other existing structures.
6. Show the approximate location of any wetlands or slopes over 20 percent.
7. Show dimensions in feet on the following:
 - a. Building to all lot lines
 - b. Building to centerline of road
 - c. Building to lake, river, stream or pond
 - d. Septic tank to closest lot line
 - e. Septic tank to building
 - f. Septic tank to well
 - g. Septic tank to lake, river, stream or pond
 - h. Privy to closest lot line
 - i. Privy to building
 - j. Privy to lake, river, stream or pond
 - k. Drain field to closest lot line
 - l. Drain field to building
 - m. Drain field to well
 - n. Drain field to lake, river, stream or pond
 - o. Well to building

**IMPORTANT
DETAILED PLOT PLAN
IS NECESSARY, FOLLOW
STEPS 1-7 COMPLETELY**

850.00

APPLICATION FOR SIGN

Bayfield County Zoning Department
P.O. Box 58
117 East Sixth Street
Washburn, WI 54891
Phone - (715) 373-6138

R E C E I V E D
AUG 07 2008

Bayfield Co. Zoning Dept.

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.
Changes in plans must be approved by the Zoning Department

Office Use:
Application No. 08-0438
Date _____
Fee Paid \$50.00 RDS
8/11/08

ENTERED

Applicant MICHELLE S. DAVIS (Iron River Women's Fitness) Contractor n/a
Address 8470 U.S. HWY 2, UNIT 3 Authorized Agent _____
IRON RIVER, WI 54847 Agent's Telephone _____
Telephone (715) 372-4450 Written Authorization Attached: Yes () No ()
or (715) 292-4843

Accurate Legal Description involved in this request: ADJACENT TO SUBDIVISION WITH NE 1/4 of SW 1/4 of Section 8 Township 47 N. Range 8 W. Town of IRON RIVER Zoning District: C
Gov't Lot _____ Lot _____ Block _____ Subdivision _____ CSM # _____
Volume _____ Page _____ of Deeds (Parcel I.D. # 024-1072-05-000) ACREAGE 1.28

Additional Legal Description: Ext 200 Ft. of Lot #5 ATTACH Copy of Tax Statement
Sign: On-premise Off-premise Sign: New Replacement
Size of Sign: 3 Feet by 8 Feet Height of Sign: 7 1/2 Feet from grade to top of Sign

If this sign is off-premise, owner of property must complete the following:
I, Carol & Brian, owner of the above described property, do hereby give my authorization for MICHELLE S. DAVIS to erect and maintain a sign on my property.
Signed Carol & Brian Property Owner Date 8/6/08

FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
APPLICANT - PLEASE COMPLETE REVERSE SIDE

For Office Use Only

Permit Issued: _____ Permit Number 08-0438 Permit Denied (Date) _____
Date 8/21/08
Reason for Denial: _____
Inspection Record: Placed sign (adjacent to) & sign meet ordinance requirements
Sign OK to use By DIC Date of Inspection 8-19-08
Variance (B.O.A.) # _____
Condition _____
Signed [Signature] Inspector 8-19-08 Date of Approval
Aug 21 2008
Submitted

Permit sent to Adm. on receipt Bx176 I.R.

**APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN**

SUBMIT COMPLETED ORIGINAL APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County Zoning Department
P.O. Box 58
Washburn, WI 54891
(715) 373-6138

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department. **DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.** Changes in plans must be approved by the Zoning Department.

ENTERED

Application No.: 08-0436
Date: 8-8-08
Zoning District: RDS
Amount Paid: \$390.00
7/31/08

RECEIVED
JUL 31 2008

LAND USE SANITARY PRIVY CONDITIONAL USE SPECIAL USE B.O.A. OTHER

Use Tax Statement for Legal Description

Legal Description 1/4 of 14 of Section 7 Township 47 North, Range 8 West, Town of Iron River
Gov't Lot 13-18 Block 1 Subdivision Pettingill's CSM# 0.67 Acreage 0.67 (2,185 sq. ft.)
Volume Page of Deeds Parcel I.D. 024-145-10

Property Owner Brian & Teresa Matthews Contractor Greg Olson (Phone)
Address of Property Summit Ave. Plumber Resmusson
(6895 City Hwy H) Authorized Agent (Phone)

Telephone 312-4860 (Home) 209-1927 (Work)

Is your structure in a Shoreland Zone? Yes No **if yes.**
Distance from Shoreline: greater than 75' 75' to 40' less than 40'

Structure: New Addition Existing
Fair Market Value 130,000 Square Footage 2206
Basement: Yes No Number of Stories 1
Sanitary: New Existing Privy City **X**

- USE:**
- * Residence or Principal Structure (# of bedrooms)
 - * Residence sq. ft.
 - * Residence w/deck-porch (# of bedrooms)
 - * Residence sq. ft. Porch sq. ft.
 - * Residence w/attached garage (# of bedrooms) Deck(2) sq. ft.
 - * Residence sq. ft. 1696 Garage sq. ft. 480
 - Residential Addition / Alteration (explain)
 - Residential Accessory Building (explain)
 - Residential Accessory Building Addition (explain)
 - Residential Other (explain)

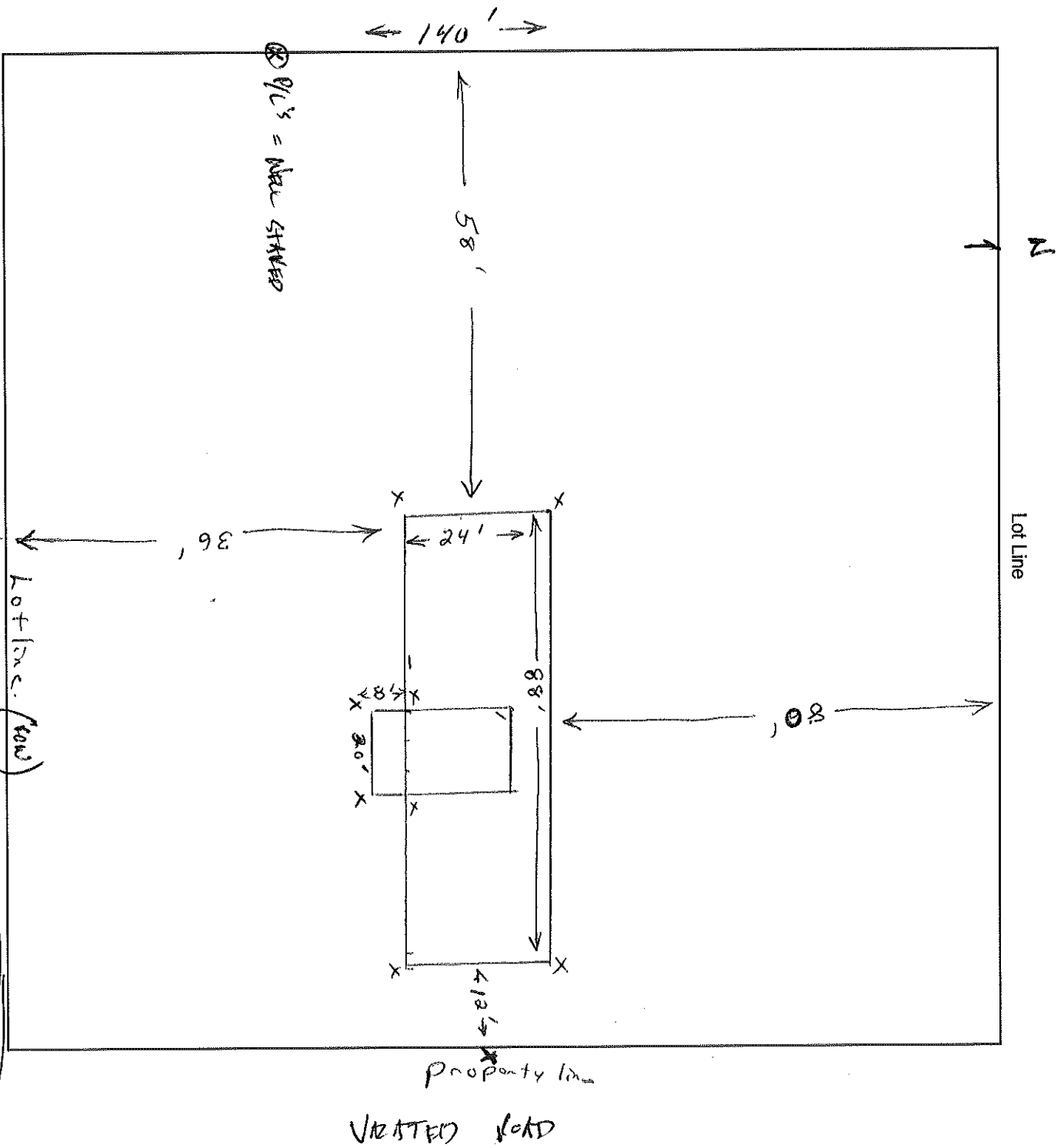
FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner or Authorized Agent (Signature) Brian Matthews Date
Address to send permit 62405 Delta Lake Rd, Iron River, WI 54847 ATTACH

* See Notice on Back
APPLICANT - PLEASE COMPLETE REVERSE SIDE (If you recently purchased the property Attach a Copy of Recorded Deed)

Permit Issued: State Sanitary Number Date
Date 8/20/08 Permit Number 08-0436 Permit Denied (Date)
Reason for Denial:
Inspection Record: Structural Settlements/Conditions is represented by label known to be code compliant + permit may be issued By DRC Date of Inspection 8-15-08
Mitigation Plan Required: Yes No Variance (B.O.A.) #
Condition:
Inspector [Signature] Signed [Signature] Date of Approval 8-15-08
Parcel has area front to price the required area for 1-d of hwy + state lot = 24,185 sq. ft.

NOTE - THIS IS NOT PART OF THE CONDITIONAL USE PERMIT # 01-202. SEVENTH PARCEL



MC 8-15-08 Note

Proposed 50' SITE AREA

Name of Frontage Road (Summit Ave)

Stake X

1. Name the frontage road and use as a guideline, fill in the lot dimensions and indicate North (N).
2. Show the location, size and dimensions of the structure.
3. Show the location, size and dimensions of attached deck(s), porch(s) or garage.
4. Show the location of the well, holding tank, septic tank and drain field.
5. Show the location of any lake, river, stream or pond if applicable.
6. Show the location of other existing structures.
7. Show the location of any wetlands or slopes over 20 percent.
8. Show dimensions in feet on the following:
 - a. Building to all lot lines
 - b. Building to centerline of road
 - c. Building to lake, river, stream or pond
 - d. Holding tank to closest lot line
 - e. Holding tank to building
 - f. Holding tank to well
 - g. Holding tank to lake, river, stream or pond
 - h. Privy to closest lot line
 - i. Privy to building
 - j. Privy to lake, river, stream or pond
 - k. Septic Tank and Drain field to closest lot line
 - l. Septic Tank and Drain field to building
 - m. Septic Tank and Drain field to well
 - n. Septic Tank, and Drain field to lake, river, stream or pond.
 - o. Well to building

IMPORTANT
 DETAILED PLOT PLAN
 IS NECESSARY, FOLLOW
 STEPS 1-8 (a-o) COMPLETELY.

*NOTICE: All Land Use Permits Expire One (1) Year From The Date Issued.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.
 You Must Contact Your Town Chairman / Clerk For More Information.

The local town, village, city, state or federal agencies may also require permits.

Stake or mark proposed location(s) of new building, holding tank, septic, drain field, privy, and well. Inspector will not make an inspection until location(s) are staked or marked.